

# *Your Life, Your Health*

2009 Health Benefits Program  
*Featuring the Open Choice® PPO Plan*



The Department of Defense  
Nonappropriated Fund  
Health Benefits Program

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# Your Life, Your Health

The Department of Defense (DoD) Nonappropriated Fund (NAF) employers are pleased to offer you and your family a program of health benefits that includes medical, prescription drug and dental coverage.

Nothing makes life easier and more enjoyable than good health. This is why your DoD NAF Health Benefits Program does more than just pay medical bills. It makes it possible for you to afford the services that help you stay well and prevent problems, and receive the care you need when you're sick or injured. It offers special programs that provide support for specific medical conditions. It also gives you access to information and tools so you can make better health care decisions. Perhaps most important, your plan provides services and support to help you get healthy and stay healthy.

We encourage you to think of your health benefits as tools for better living and wiser spending — and to take full advantage of them. After all, it's *Your Life, Your Health*.

This guide contains:

- Descriptions of the health benefits available to you
- Information about value-added “extras” such as health and wellness programs, online services and discount programs
- Enrollment/election instructions

## Questions?

If you need help or information, call Aetna Member Services at **1-800-367-6276**. See *Member Services* on page 13 of this guide for more about this important plan feature.



# Medical Benefits

Your DoD NAF Health Benefits Program provides medical benefits through the Aetna Open Choice® PPO Plan.\* This is a preferred provider organization plan that gives you the freedom to receive care from any licensed health care provider and the opportunity to save when you use *preferred providers* (doctors and other health care providers who belong to the Aetna network).

## The Open Choice PPO Plan

The Open Choice PPO Plan makes it easy to get the quality health care services you and your family need. When you use preferred providers, there are no claim forms to complete and no precertification process to initiate. In addition, plan benefits are based on special negotiated rates rather than reasonable and customary charges.

### About the Aetna Network – and Preferred Benefits

Open Choice is a network plan which means you get the highest level of benefits when you choose doctors, hospitals and other health care providers who belong to the Aetna network. A broad range of medical specialties and services is available within the network so you and your family can get the care you need.

Because preferred providers deliver health care services at special negotiated rates, you pay less for your care. All doctors and hospitals are screened before they are admitted to the network and monitored on an ongoing basis once they are in the network. Credentials and licenses are checked to make sure they are valid and current.

### When you need care

Each time you seek medical attention you have a choice:

- **Visit preferred providers** who belong to the Aetna network. You'll receive a higher level of benefits, and those benefits will be based on negotiated rates that are generally lower than those charged by non-preferred providers. Preferred providers will also file claims for you and take care of the plan's precertification requirement.
- **Visit non-preferred providers.** You'll receive a lower level of benefits and those benefits will be based on the reasonable and customary charge for a given medical service in your area. (The reasonable and customary amount is the prevailing rate for medical services in your community.) You'll also be required to file your own claims and contact Aetna to initiate the precertification process for hospital admissions. See *What Is Precertification?* on page 3.

Choosing preferred providers means you'll receive preferred benefits and save money each time you need care. The Open Choice network is large and comprehensive, which means you'll likely find that many of the doctors and other health care providers in your area already participate. To find preferred providers near you, use the DocFind® directory, at [www.aetna.com](http://www.aetna.com). Turn to *Online Services* on pages 8 and 9 of this guide for more about DocFind.

The Open Choice summary of benefits chart enclosed with this guide shows preferred and non-preferred benefits side by side.

### Your Medical Plan ID Card

After you enroll for the first time, you will receive two Aetna ID cards with the names of all covered family members and the Member Services toll-free number on it. Keep your card handy and show it at the doctor's office to let them know that you are enrolled in Open Choice. Also show it at participating pharmacies in the United States to get preferred rates for prescription drugs (see page 5 for details). Pharmacy copays are listed on the back of your ID card. *If you don't use participating pharmacies, you won't have any coverage for prescriptions.*

\* The Open Choice PPO Medical Plan is administered by Aetna Life Insurance Company and is offered to eligible DoD NAF employees, retirees and dependents who have access to the Aetna Open Choice PPO network.



### What Is Precertification?

Precertification is the advance review of a hospital admission to ensure that the setting and length of stay are appropriate to the diagnosis. When you use a preferred provider, he or she will take care of this requirement for you. If you use a non-preferred provider, you need to take care of it yourself. Here's what you need to know:

- If your doctor recommends a hospital stay, you must initiate the precertification process by calling Member Services at least 14 days before you are admitted to the hospital.
- If you do not call Member Services to precertify a hospital admission, you will be required to pay a penalty of \$500.
- The precertification requirement is waived for emergency admissions, hospital care received overseas, and for those who have Medicare as their primary coverage.

### Sharing the Cost

You share in the cost of your care by meeting an annual deductible and paying coinsurance and copays.

The **annual deductible** is the amount you must pay out of your own pocket each year before the plan begins to pay benefits. **The deductible does not apply to preventive care services.** After you meet the plan deductible, you and the plan share the cost of covered services. This arrangement is called **coinsurance**. The plan pays a percentage of the cost of covered services, and you pay the balance. For some services, such as emergency care, you may pay a flat fee, or **copay**.

Annual Deductible	Preferred Care (In-network)	Non-Preferred Care (Out-of-network)
Individual	\$200	\$600
Family of 2	\$400	\$1,200
Family of 3 or more	\$600	\$1,800

Each family member must meet his or her individual deductible. For a family of two, the deductible is met when each family member meets his or her individual deductible, or \$400. For families of 3 or more, the maximum deductible is \$600.

Open Choice has an **annual out-of-pocket maximum** that limits your expenses and protects you from the high cost of a serious illness or injury. Once your deductible and coinsurance combined reach this annual limit, the plan pays 100% of your covered expenses for the remainder of the plan year. Services for which the coinsurance is 50% do not count toward the out-of-pocket maximum.

Annual Out-of-Pocket Limit	Preferred Care (In-Network)	Non-Preferred Care (Out-of-Network)
Individual	\$3,000	\$4,000
Family of 2	\$6,000	\$8,000
Family of 3 or more	\$9,000	\$12,000

Each family member must meet his or her individual limit. For a family of two, the out-of-pocket limit is met when each family member reaches his or her individual out-of-pocket limit, or \$6,000. For families of 3 or more, the maximum out-of-pocket limit is \$9,000.

**Important:** Copays, pharmacy copays, confinement fees and non-covered expenses do not count toward the out-of-pocket limit.

### Stay Well with Open Choice

Open Choice also provides generous benefits for preventive care services, which can catch problems early and help you and your family stay well. **The following services are covered at 100% with no copay and no deductible when you receive care from a preferred provider:**

- Well-baby care to age 7, including doctor visits and immunizations
- One annual routine physical exam (including immunizations), age 7 and older
- One annual routine gynecological exam, including Pap test and lab fees
- One annual mammogram for women age 35 and older
- One annual prostate screening for men age 40 and older
- One annual routine hearing exam
- One annual routine eye exam

Preventive care benefits are a valuable part of your health plan and an important step in staying healthy. We encourage you to visit your doctor for these important exams and screenings.

### *In an Emergency*

If you have a medical emergency, go to the nearest hospital immediately and get the care you need. Then, call Member Services. Your benefits will be paid at 100% after a \$150 copay as long as it is a true emergency. If you are admitted to the hospital, you will not be required to pay the \$150. If you use a hospital emergency room and it's not a true emergency, you must pay the \$150 copay as well as 50% of the cost of the services provided, after meeting the deductible.

A true emergency is a severe illness or accident that could lead to a serious risk to your health, or to death if not treated immediately. Examples include bleeding that will not stop, compound bone fractures, loss of consciousness, stroke and severe chest pains.

Sometimes you need urgent — not emergency — care. Sprains and a fever are examples of this situation. To avoid the high cost of using the emergency room for non-emergency care, you should call your network doctor and follow his or her instructions so your care will be covered at the preferred level. Walk-in clinics and urgent care centers are cost-effective alternatives to receiving non-emergency, but urgent care.

### *Receiving Care Away from Home*

Aetna maintains Open Choice provider networks throughout the country that you may use. If you are out of your local network area on vacation or business and you need non-emergency health care services, call Member Services. Ask the Aetna representative if you are in or near a network area. If so, you may use network providers and receive the preferred level of benefits. If you use non-network providers, your care will be covered at the non-preferred level of benefits. If you are traveling overseas, your covered expenses will be paid at the preferred level. For these situations you will need to pay the bill at the time of service, then submit a claim form to Aetna to be reimbursed.

If your child is away at school or lives with another parent outside your home network, you should call Member Services and ask if there is an Open Choice network at that location. If so, log on to DocFind to locate participating providers in that area. If your child's school or home is not in an Open Choice network, ask Member Services if there is one nearby. If your child is willing to travel to see network providers, benefits will be paid at the preferred level.

If a network is not available where your child is living and he or she is not willing to travel to see network providers, your child's benefits will be paid at the Traditional Choice® indemnity plan level of benefits. Traditional Choice is offered to employees and retirees who live in an area where Open Choice is not available. Under Traditional Choice, covered expenses are typically paid at 80% (based on reasonable and customary charges) after the deductible is met. To be reimbursed for covered expenses, you must submit a claim form to Aetna.

**Important:** You must let Member Services know about any dependent child who fits the category of benefits described above. The child's eligibility must be documented as Traditional Choice in order to receive this level of benefits.



# Prescription Drug Benefits

When you enroll in the Open Choice PPO Plan, your prescription drugs will be covered under the Three Tier Pharmacy Plan from Aetna. Under this plan, you can fill short-term prescriptions at participating retail pharmacies (for up to a 30-day supply) and long-term prescriptions through the mail-order service (for up to a 90-day supply).

**Important:** The plan does not cover prescription drugs purchased at non-participating pharmacies in the United States, the District of Columbia, Puerto Rico, Guam or the U.S. Virgin Islands.

## Visit a Participating Retail Pharmacy

When you need to fill a short-term prescription, you can get up to a 30-day supply of medication at retail pharmacies that belong to the Aetna network (called participating pharmacies). Just take your prescription and your Aetna medical plan ID card to any of more than 59,000\* participating pharmacies located in the United States, the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands. You pay your share of the cost in full at the time of purchase as shown in the chart to the right. There are no claim forms to complete.

**To find a participating pharmacy near you,** use the DocFind® directory at [www.aetna.com](http://www.aetna.com) (turn to *Online Services* on pages 8 and 9 in this guide for more about DocFind). Or, call Member Services for a list of participating pharmacies.

## Use the Aetna Rx Home Delivery® Program

Use the mail-order program to save on medications you need on a regular, long-term basis. You may order up to a 90-day supply and enjoy the convenience of home delivery. Shipping is free and the packaging is confidential. In addition, you'll pay less for your medication than you would at a participating retail pharmacy.

You can order a 90-day supply of medication for what you would pay for a 60-day supply at a participating retail pharmacy. If you have questions about your prescription, registered pharmacists are available to answer them 24 hours a day, 7 days a week. It's also good to know that mail-order pharmacies use the same quality and accuracy checks on prescriptions as participating retail pharmacies. For more information, visit [www.aetnarxhomedelivery.com](http://www.aetnarxhomedelivery.com) or call (toll free) at 1-866-612-3862.

This chart shows how you'll pay for prescription drugs in 2009:

Using a participating retail pharmacy	Your cost for up to a 30-day supply:
Tier One – Generic drugs	\$10 copay
Tier Two – Brand-name drugs on Preferred Drug List	\$20 copay
Tier Three – Brand-name drugs <b>not</b> on Preferred Drug List	35% of negotiated price* the minimum you pay per prescription is \$35; maximum is \$100.

Using the mail-order program	Your cost for up to a 90-day supply:
Tier One – Generic drugs	\$20 copay
Tier Two – Brand-name drugs on Preferred Drug List	\$40 copay
Tier Three – Brand-name drugs <b>not</b> on Preferred Drug List	35% of negotiated price the minimum you pay per prescription is \$70; maximum is \$200.

\*Participating pharmacies agree to charge discounted prices for prescriptions filled by Aetna members. Your share of Tier Three drug costs is a percentage of these discounted (or "negotiated") prices.

## Smoking Cessation Products

Your prescription drug plan also includes a discount program for smoking cessation products. With a valid prescription, you may purchase smoking cessation and nicotine replacement products (such as patches and inhalers) at participating pharmacies or through the Aetna Rx Home Delivery Program. You pay 100% of the *negotiated* cost of these products, which is lower than the retail price you would normally have to pay.

\* Aetna Enterprise Provider Database as of July 1, 2008.



## Estimate the Cost of Prescriptions Online

Aetna Navigator features an online "Estimate the Cost of Care" tool for prescription drugs that allows you to:

- Compare the estimated costs at a retail pharmacy with the costs of the mail-order service.
- See if alternative drug choices, including generics, could save you money.
- Learn key facts about your medications, such as how they are used and if there are any side effects.
- Find out if there are any coverage limitations for a certain drug.

To use this valuable feature, visit Aetna Navigator at [www.aetna.com](http://www.aetna.com). Click on "Take Action On Your Health" and then select "Cost of Care." See page 8 for more information about Aetna Navigator.

## About the Preferred Drug List

The Preferred Drug List shows the generic and brand-name drugs that are covered under your plan. All drugs on the list were chosen based on quality and cost-effectiveness, and they are all approved by the U.S. Food and Drug Administration (FDA). If you are currently taking a brand-name drug, you can check the Preferred Drug List for your medication. If it is listed, you will see the name(s) of the generic(s) that can be used as a substitute. You can then ask your doctor about switching to the generic drug.

For additional information, and to view the list online, visit [www.aetnapharmacy.com](http://www.aetnapharmacy.com) and select "Consult the Preferred Drug List." The next screen will include a link to the list. Click on the link and you will be prompted to select your Aetna Pharmacy plan type, which is "Three Tier Open Formulary." Hit "Submit" to access the list that applies to your plan.

**Why generics are a good idea:** When your doctor prescribes generics, you pay the lowest copay under the plan. It's important to know that generic medications have been approved by the FDA as safe and effective. They contain the same active ingredients in the same amounts as brand-name drugs, although they may be a different size, color or shape.

## Learn more about your Rx benefits:

- Online: At [www.aetnapharmacy.com](http://www.aetnapharmacy.com)
- E-mail: Click "Contact Us" to e-mail Member Services from Aetna Navigator
- Telephone: Call Member Services at the toll-free number on your ID card





# Dental Benefits

When you enroll in the Open Choice PPO Plan or an HMO plan with no dental coverage, you are also eligible to enroll in the Passive PPO Dental Plan.

## New in 2009\*

The following dental plan enhancements will take effect on January 1, 2009:

- There will be no age limit on fluoride treatments. Research has shown that fluoride is effective in adults as well as children.
- The plan will also cover two “problem-focused” exams per year at 100%. This is in addition to two preventive care exams.
- A third cleaning will be covered (per year) if additional cleanings are recommended as a preventive measure for certain medical conditions such as pregnancy, diabetes, and heart disease. Contact Member Services for details.

## The Passive PPO Dental Plan

The Passive PPO Dental Plan offers generous coverage for preventive care services and gives you the freedom to use any licensed dentist you wish. It also gives you the opportunity to save money when you receive dental care from a dentist who belongs to the Aetna dental preferred provider network.

## How the plan works

Network dentists have negotiated their fees with Aetna. They generally charge less than non-network dentists, so your benefits are based on a lower cost. This means you pay less for your dental care. Network dental providers also file claims for you.

When you receive care from a dentist who does not participate in the Aetna dental network, your benefits are based on the reasonable and customary charge for that service in your geographic area — which is higher than the negotiated fee. As a result, your share of the cost may be higher. In addition, you may need to file your own claims with Aetna to be reimbursed for your covered expenses.

Using a network dentist is voluntary. Either way, the same services are covered. To encourage good dental health, the plan pays 100% for preventive care services, with no deductible. For more advanced care, the plan pays a portion of the expense, depending on the service you receive.

Please refer to the enclosed dental summary of benefits chart to see how dental services are covered under the plan.

## Finding network dentists

To find a network dentist near you, use DocFind. You can also request a printed directory by calling Member Services at **1-800-367-6276**. For more about using DocFind, turn to the *Online Services* section of this guide (see page 9).

**Important:** You must enroll in the DoD NAF PPO medical plan, or an HMO medical plan that does not offer dental coverage, in order to elect the Passive PPO Dental Plan described in this section. If you are a newly hired employee, you have another option. You may choose to enroll in the Stand Alone Dental Plan for dental-only benefits during your eligibility period. The Stand Alone Dental Plan cannot be combined with enrollment in a medical plan under the DoD NAF Health Benefits Program.

Information about the Stand Alone Dental Plan will be provided in a separate enrollment package for new hires. Contact your Human Resources Office for plan details and enrollment information.

If you are a current employee, you may **not** enroll in the Stand Alone Dental Plan during this year's Annual Plan Selection Period, except under certain conditions (see your Human Resource Office has more details). Your next opportunity to enroll will be during next year's Open Enrollment Period.

\*These changes do not apply to the Stand Alone Dental Plan.

# Online Services

As an Aetna member, you'll have access to the following online services:

## Aetna Navigator®

Once you've enrolled with Aetna, you can register to use Aetna Navigator, a secure member website that offers information and self-service convenience to help you manage your health — and your health benefits.

At Aetna Navigator, you'll have a personalized home page, plus access to:

- **DocFind**, the online provider directory listing all the doctors, dentists, pharmacies, hospitals and other health care providers that participate in the Aetna network. DocFind is available in English and Spanish. See the next page for more about DocFind.
- **Benefit information**, including a list of covered family members, claim information, and the care management, wellness and health improvement programs included with the plan.
- **Pharmacy information**, including the Preferred Drug List, a directory of participating pharmacies and the Aetna Rx Home Delivery mail-order service.
- **Your Personal Health Record (PHR)**, a handy online record of medical treatments and other information gathered from your claims, the Health Assessment at Simple Steps To A Healthier Life®, and facts you provide on your own. For more about the PHR, see *Personal Health Record* on the next page.
- **Cost-of-care tools**, online tools that give you the estimated average costs of medical procedures, office visits, tests, diseases and conditions, and prescription drugs. For medical care, you can see how much you'd save by using a preferred doctor. For drugs, you can compare brand-name to generic costs at participating retail pharmacies and through the mail-order service.
- **A hospital comparison tool** that lets you compare outcomes for certain procedures at preferred hospitals in your area.
- **Claim features and services** that let you check the status of a claim, find out about claim payments, view Explanation of Benefits (EOB) statements and ask for e-mail alerts when new information becomes available. If you have questions, you can e-mail Member Services right from the claims detail page and send messages about specific claims with important information already filled in. There's even a feature that lets you "turn off" paper EOBs and view your statements online for up to two years. You can download claim forms, too.
- **Self-service features** that let you take care of personal benefit business such as requesting a replacement ID card (and printing a temporary ID card to use in the meantime), downloading and printing claim and other standard Aetna forms, and making changes to personal information such as e-mail and regular mailing addresses.
- **Reliable, up-to-date information** on health conditions and hundreds of other related topics through links to Aetna IntelliHealth® and Healthwise® Knowledgebase wellness websites. (Note that Healthwise Knowledgebase is available in English and Spanish.)
- **Member Services**, via secure e-mail. You can e-mail Member Services with questions and requests, right from Aetna Navigator.

You'll also find more information about Aetna health and wellness programs and discounts on health-related products and services described on pages 10 through 13 of this guide.

## Where to Start

There's a lot to see and do at Aetna Navigator. To get started, you'll just need to complete a quick registration process. Visit [www.aetna.com](http://www.aetna.com) and look for the "Register Now" link on the home page. You can then use the Aetna Navigator Health Information Guide for easy links to the site's resources. Look for the Guide at the Aetna Navigator home page under "Take Action On Your Health."



## DocFind®

To find local preferred providers or search for a particular provider, you can use the DocFind directory. Here's how:

- Go to [www.aetna.com](http://www.aetna.com).
- Click on "Find a doctor" to the right on the home page, under "Shortcuts."
- Start your search under "General Search."
- Fill in the geographic information requested, and select a distance you are willing to travel.
- Choose a Provider Category (medical or dental).
- Choose a Provider Type (such as primary care, specialist, dentist, pharmacy).
- Under "Select a Plan," scroll down to find Aetna Standard Plans and select Open Choice® PPO for *medical providers*. For *dental providers*, select Dental PPO/PDN.

**Note:** Once you've registered with Aetna Navigator, your plan name and zip code will be filled in automatically when you are signed on and use DocFind.

DocFind lets you search for providers by:

- City, state, zip code
- Gender
- Hospital relationship (where a doctor has admitting privileges)
- Provider name
- Specialty

For each doctor, DocFind provides information about his or her credentials and practice, including medical school attended, board certification, plans accepted, languages spoken, office location and hours, and parking and handicapped access. You can even get maps and driving directions to find a doctor's office. DocFind also offers cost and quality-of-care information to help you make the best provider choice. Plus, DocFind tells you about programs your doctor may work with, including ePrescribing, online visits and electronic payment options.

**Important:** DocFind is updated three times a week, so it contains the most current information available. But if you aren't sure about a provider's network status, you can either call the provider's office or call Aetna Member Services.

## Personal Health Record

The **Personal Health Record (PHR)** is an online service that provides a secure place for all your health information. Each time you have a new medical claim (such as a prescription filled or a lab result), it's automatically added to your PHR. You can add your own information too, such as over-the-counter drugs, family history and health problems you may not necessarily see a doctor for (like back pain). You can even give permission for your doctor to see your PHR.

Your PHR also provides health alerts and reminders from MedQuery®, a health monitoring system. MedQuery gathers information from your health plan. Examples are doctor and hospital visits, lab reports and information about prescriptions you fill. It also uses information that you add to your PHR. Next, the system compares your health information to the latest medical knowledge. If it sees a chance to improve your care, it posts an alert on the home page of your PHR and sends an e-mail to notify you of the posting. Your doctor also receives an alert via telephone or fax. Once you and your doctor receive an alert, it's up to you to discuss it and decide whether or not to take action. This may involve changing a course of treatment, trying a different medication or exploring other options for care.

To find your Personal Health Record, you'll log on to Aetna Navigator and use the link on your home page. You will need to be registered with Aetna Navigator — a quick and simple process that starts when you click the "Register Now" link at [www.aetna.com](http://www.aetna.com).

It's important to know that all information in your PHR is **kept private and secure**. It is **never** shared with your DoD NAF employer. Only you can see the information in your PHR unless you decide to let your doctor see it as well.





# Health and Wellness Programs

When you enroll in Open Choice, you and your family can take advantage of special programs that help you live healthier.

## Simple Steps To A Healthier Life®

Simple Steps To A Healthier Life is an online wellness program that gives you information, tools and guidance to improve your diet, get in shape, cope with stress and learn about ways to enjoy better health at all stages of life. Here's how it works:

### Step 1

#### *You complete the Health Assessment*

The Health Assessment is a secure, confidential questionnaire that helps identify your personal health risks. The questions cover areas such as eating habits, tobacco and alcohol use, dental health, safety practices, emotional health, preventive practices and screenings, family history and work-life balance.

### Step 2

#### *You receive a personalized health report and an action plan*

Based on your answers to the Health Assessment, you receive an overall "health score," plus a personalized health report and action plan. Your action plan includes recommended online Healthy Living programs in areas such as nutrition, fitness, stress relief, smoking cessation and more.

### Step 3

#### *You follow the online Healthy Living programs*

The programs are broken down into easy-to-complete weekly modules. Program features include "to-do" lists, quizzes, calculators, FAQs, articles and interactive tools such as:

- Quick & Easy Dinners: For tasty meals ready in less than 30 minutes
- Meal Planner: To help you eat healthier without working harder
- Fitness Planner: For workouts to try and fitness tips
- Walking Tracker: To get started — and keep going — on a daily walking program

Finally, to keep you motivated and moving along, you'll receive a weekly e-mail reminder from Simple Steps.

#### *Visit as often as you like*

There are plenty of other features at the site that make return visits worthwhile. For example, you can use references, quizzes and other tools to learn more about the health topics that mean the most to you — diseases and their treatment, managing chronic conditions, drugs, tests, or medical terms. You can also find healthy, easy-to-prepare recipes, and tips for working better with your doctor.

#### *It's secure and confidential*

Any information you provide as part of the Simple Steps To A Healthier Life program is kept strictly confidential and is not shared with your DoD NAF employer.

## Aetna Health Connections<sup>SM</sup>

Living with a chronic health problem can be difficult, but you don't have to manage it alone. The Aetna Health Connections program can help. It's designed to help people living with chronic conditions better understand their condition and its treatment and make lifestyle changes that can improve their overall health.

The program offers support for more than 30 common medical conditions in categories that include:

- |                          |   |
|--------------------------|---|
| ■ Bones                  | ■ Kidney  |
| ■ Brain and aging        | ■ Lungs   |
| ■ Cancer                 | ■ Other, such as sickle cell disease, cystic fibrosis and weight management |
| ■ Digestive              |   |
| ■ Heart and blood system |   |

Once you're enrolled with Aetna, a program nurse may contact you if you are eligible to participate in Aetna Health Connections. Your doctor may also refer you to the program, or you may refer yourself by contacting Member Services. If you decide to join, you'll benefit from:

- **Your own nurse consultant**, a specially trained registered nurse who can help you better manage your condition, get the treatment and preventive care you need, avoid or minimize complications and enjoy better health.
- **Information, education and support** to help you better understand and manage your condition(s), follow your doctor's treatment plan and make positive changes to reach your personal health goals.
- **Referrals** to clinical professionals such as diabetes counselors and nutritionists for specialized services and support.



With Aetna Health Connections, the focus is on you, not your health conditions. You get educational materials mailed to your home. You get access to online resources you can use any time. You also benefit from advanced technology that looks out for your health and safety. Aetna's CareEngine® system continuously scans your health data and compares it to current guidelines of care. If it identifies problems with your care, dangerous drug interactions or other opportunities to improve your care (and your health), it notifies you and your doctor. It also sends reminders via e-mail about getting the preventive care you need.

There are several ways to get started with Aetna Health Connections. An Aetna nurse may contact you if your doctor lets Aetna know that you could benefit from the program. Aetna also may identify you as a potential candidate for the program through your medical or pharmacy claim information or its own patient management staff or systems. But you don't have to wait to be contacted. If you are living with one or more chronic conditions (or believe you may be at risk), you can call Aetna at **1-866-269-4500** to learn more about Aetna Health Connections and get started with the program. You can also submit a request through Aetna Navigator at **www.aetna.com**. From the Aetna Navigator home page, click on the Benefits tab and select Health Programs.

The decision to participate in Aetna Health Connections is completely up to you. Remember, your medical information is confidential and is **not** shared with your DoD NAF employer.

### **Informed Health® Line – 1-800-556-1555**

Informed Health Line is a toll-free number you can call anytime — 24 hours a day, 7 days a week, 365 days a year — for answers to health-related questions and information to help you make sound decisions and choices.

#### ***Call Informed Health Line to talk to a nurse***

It's not always possible to talk with your doctor when you have a health question or concern or a health-related decision to make. But you can call the Informed Health Line and talk with a trained registered nurse who will:

- Answer health-related questions
- Help you decide whether or not to go to a hospital emergency room
- Tell you how to take care of a health problem until you can get to a doctor
- Help you understand health problems and how they are treated

- Give you guidance on what questions to ask your doctor
- Give you the facts about the latest medical treatments and procedures and explain their risks and benefits

While the Informed Health Line nurses can't prescribe drugs or diagnose medical conditions, they can give you advice and help you with your choices and also coach you on how to communicate better with your doctor. They'll give you the facts you need to make decisions and choices you can feel good about.

#### ***Call Informed Health Line to listen to recorded information***

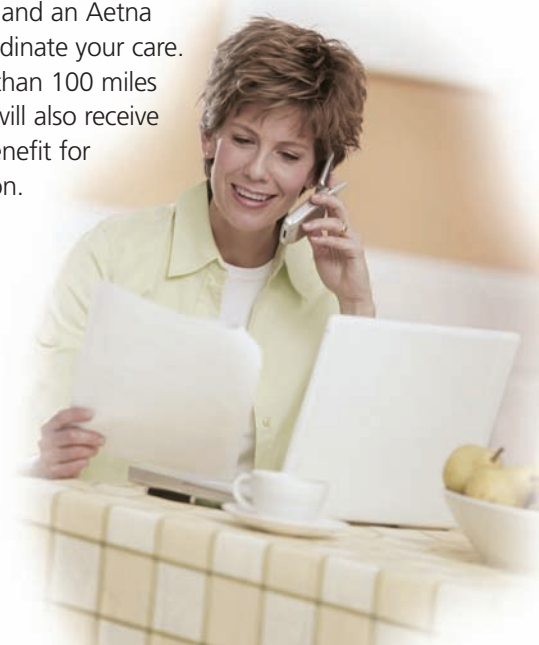
Informed Health Line also includes an audio health library that lets you listen to health information on the phone, 24 hours a day. The library covers 2,000 topics in English and more than 700 in Spanish. With the audio library, you can listen to information on sensitive health topics privately.

### **The National Medical Excellence Program®**

For help with extremely complex medical procedures, the Open Choice PPO Plan offers the National Medical Excellence Program from Aetna. This voluntary program provides care coordination and other services when your network provider decides that you need to have a highly specialized medical procedure performed, such as an organ transplant. Coverage includes surgery for organ and tissue transplants such as heart, lung, liver, bone marrow, kidney and pancreas. Certain organ transplant combinations are also covered.

The procedure will be performed at a designated Institutes of Excellence™ hospital. These hospitals have national reputations for their skill at certain types of organ transplants and complex medical care. Surgical teams in these hospitals perform many of these specialized procedures and have a proven track record of success.

Your network provider and an Aetna case manager will coordinate your care. If the hospital is more than 100 miles from your home, you will also receive a travel and lodging benefit for you and one companion.



# Discount Programs

Once you've enrolled in an Aetna plan, you can take advantage of discount programs to save on health-related products and services. To learn more about your discounts and how to use them, call Member Services at **1-800-367-6276**. Or, if you're registered with Aetna Navigator, you can go to **www.aetn navigator.com**, log on and click on the Benefits tab on your home page. Select "Health Programs" for a list of links to the discount programs.

## Aetna Vision<sup>SM</sup> Program

The Aetna Vision program helps you and your covered family members save on eye care products and services, including eyeglasses, contact lenses and solution, non-prescription sunglasses and LASIK surgery. You can even get discounts on items such as eyeglass chains, designer frames, sunglasses and other vision accessories not usually covered by insurance.

To use your discount, simply visit a participating provider and show your Aetna ID card. You can choose from thousands of providers, including national chains such as Pearle Vision®, Lenscrafters®, JCPenney®, Target Optical® and participating Sears Optical® locations. To find a provider, visit DocFind at **www.aetna.com** and select "Find a doctor". Enter the geographic information as requested. Under "Provider Category", select Pharmacy/Vision Discount/Hearing and under "Provider Category", select Vision Discount Program. You can also call **1-800-793-8616** for assistance with locating a participating provider.

## Aetna Hearing<sup>SM</sup> Discounts

You and your covered family members can save on the latest hearing aid styles and technologies with Aetna Hearing Discounts offered through HearPO®, a national hearing benefits provider. The program gives you 40% off the retail price of hearing exams and hearing aid services (including repairs) at more than 1,500 participating locations across the country. Plus, there are no referrals and no claims required to receive your discount.

To find a HearPO location near you, call **1-888-HEARING (1-888-432-7464)** weekdays from 9 a.m. to 6 p.m. ET. Or visit DocFind and under "Provider Category," select Pharmacy/Vision Discount/Hearing, then under "Provider Type," select Hearing Locations. When you visit the provider, just show your Aetna ID card and the discount will be applied on the spot.

## Aetna Fitness<sup>SM</sup> Discount Program

With the Aetna Fitness Discount Program, you and your covered family members can get discounts on health club memberships\* and certain home exercise equipment and videos. The program is offered through GlobalFit™, one of the nation's leading providers of fitness services and facilities, with more than 10,000 locations nationwide. Program features include special membership rates, free guest passes,\*\* guest privileges and convenient payment options, as well as access to at-home weight loss programs and personal health coaching.

You can learn more about this program and find a list of participating clubs by calling GlobalFit at **1-800-298-7800** or by visiting **www.globalfit.com/fitness**.

\* At some clubs, program participation may be available only to new club members.

\*\* Not available in all areas.





### Aetna Natural Products and Services<sup>SM</sup> Program

Aetna uses its bargaining power to offer you and your covered family members discounts on complementary health and wellness products and services through the Aetna Natural Products and Services Program. Offered by American Specialty Health<sup>®</sup> (ASH), the program provides discounts on:

- Acupuncture
- Chiropractic care
- Massage therapy
- Nutrition counseling from registered dietitians

The program also provides discounts on healthy lifestyle products, including over-the-counter vitamins, herbal and nutritional supplements, aromatherapy, yoga equipment and more.

You can find participating natural therapy professionals on DocFind. To use the program, visit one of the participating providers, show your medical plan ID card, and pay the special discounted fee when you receive the service.

### Aetna Weight Management<sup>SM</sup> Discount Program

This program offers special rates on personalized Jenny Craig<sup>®</sup> weight loss programs and services. Once you are enrolled in an Aetna plan and registered with Aetna Navigator, you can get started with the program. You register through Aetna Navigator, print a registration coupon and call **1-800-965-3669** to find a Jenny Craig centre near you. When you visit, just bring your Aetna ID card and you'll receive a free consultation and a free 30-day trial membership. After that, you can get:

- 50% off a 6-month Gold or one-year Platinum program
- 20% off a Jenny Rewards one-year program

As a participant, you'll receive discounts on personalized consultations, motivational tools and, with certain programs, weekly food purchases. You'll also have one-on-one support from trained weight loss consultants, including personalized menu planning, activity planning, motivational materials and free unlimited use of Jenny eTools.

### Aetna Member Services – 1-800-367-6276

Once you're enrolled in an Aetna plan, help and information are just a phone call or e-mail away. You can contact Aetna Member Services:

- For information about network doctors and hospitals, including a doctor's credentials and whether he or she is accepting new patients
- For information about benefits under your plan
- To precertify hospital care, if required
- To check the status of a claim and/or benefit payment
- To request replacement ID cards
- For eligibility questions

Member Services Representatives are available 24/7 at **1-800-367-6276**. You may also send an e-mail to Member Services through Aetna Navigator ([www.aetnavigators.com](http://www.aetnavigators.com)), once you've registered. Click on "Contact Us" at the top of your home page, then choose "E-mail Member Services." Remember, you must be registered to use Aetna Navigator.



## Enrollment/Election Instructions

### *During the Annual Plan Selection Period*

If you are currently enrolled in Open Choice, your coverage will automatically continue. Your current medical plan election will remain in place unless there has been a network change in your area. For example, if you are currently enrolled in Traditional Choice® and, due to a network change, Open Choice is now established in your area, you will automatically be converted to the Open Choice PPO Plan. If you are eligible and decide to make a change for 2009, you will need to complete the enrollment/election process outlined in the letter from your DoD NAF employer enclosed with this brochure.

### *New Employees/Newly Eligible Employees*

Newly hired and newly eligible employees must enroll within 31 days of eligibility in order to have coverage under the DoD NAF Health Benefits Program. Otherwise, you will need to wait for the next Open Enrollment period to enroll in the plan. To enroll, please follow the enrollment instructions provided by your supporting Human Resources Office.

### *Retirees*

If you are currently enrolled in Open Choice, your coverage will automatically continue. Retirees are eligible to make changes to their coverage if there is a qualified family status change. Eligibility criteria for continuation after retirement applies. Please contact your supporting Human Resources Office for detailed information and instructions.

### *Coverage for Newborns*

Important! During your baby's first 31 days, your newborn is automatically covered under your medical plan. However, in order for your child's coverage to continue beyond the first 31 days, you must enroll your newborn in the plan. Please contact your supporting Human Resources Office for enrollment instructions.

